



## CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION		
Name On Credit Card		
Card Holder Billing Address		
City	State	Zip Code
Contact Person	Title	Phone No.
Credit Card Number <small>&lt;Please do not send this information via email&gt;</small>	CVV2 or CID No. (3 digit No.)*** <small>&lt;Please do not send this information via email&gt;</small>	Expiration Date <small>&lt;Please do not send this information via email&gt;</small>
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Amount	
LICENSE INFORMATION		
Certificate Type & Number	Control Number	
Business Name		

\*\*\* Card Identification Number (CID No.) is the last three (3) digits located on the back of the credit card.

**By signing below I, the cardholder or authorized user, understand and agree to pay the amount stated above and authorize the City of Oxnard to charge my credit card.**

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

Date:	# Pages:
To:	From:
Co./Dept.	Co. <b>LICENSING DIVISION</b>
Phone #:	Phone #:
Fax #:	Fax #: <b>(805) 385-7836</b>

FOR OFFICE USE ONLY	
Form of Acceptance:	<b>EM   ZM   AM   NM</b>
Approval #:	_____
<b>Receipt#</b>	_____
<b>(GIVE TO CUSTOMER)</b>	
Clerk Initial:	_____
Date:	_____